2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE **DOCUMENT # A0100000844** DIVISION OF CORPORATIONS SEMBLER FAMILY PARTNERSHIP #24, LTD. 06 APR 27 PM 3: 59 Principal Place of Business Mailing Address **5858 CENTRAL AVENUE** P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 ST. PETERSBURG, FL 33707 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3727713 Not Applicable \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE C/O SEMBLER RETAIL, INC. 5858 CENTRAL AVENUE IN THIS SPACE ST. PETERSBURG, FL 33707 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. P96000003312 DOCUMENT # SEMBLER RETAIL, INC. NAME STREET ADDRESS **5858 CENTRAL AVENUE** 900074330499 05/10/06--01012--012 ***43687.50 ST. PETERSBURG, FL 33707 CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information sopplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

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NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATI IND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-06